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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Attorney Docket No.: 04305/100E144-US2

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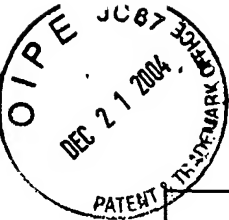
Commissioner for Patents
P.O. Box 1450
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on December 21, 2004
Date

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Amendment Transmittal (1 page)
Preliminary Amendment (16 pages)
Fee Transmittal for FY 2005 (1 page)
Check # 7091, \$2,500.00
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12-22-04

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AMENDMENT TRANSMITTAL LETTER

Docket No.
04305/100E144-US2Application No.
10/719,553Filing Date
November 20, 2003Examiner
TBAArt Unit
TBA

Applicant(s): Hans-Henrik Ipsen et al.

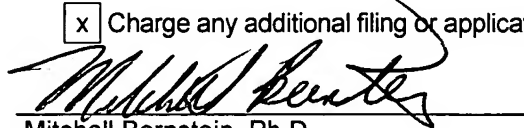
Invention: RECOMBINANT ALLERGENS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

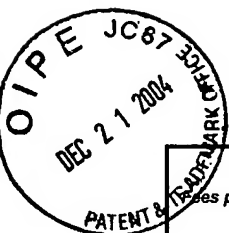
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	61	- 35 =	26	x	50.00	1,300.00
Independent Claims	9	- 3 =	6	x	200.00	1,200.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						
Other fee (please specify):						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						2,500.00

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 2,500.00 to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100
as described below.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Mitchell Bernstein, Ph.D.
Attorney Reg. No.: 46,550

Dated: December 21, 2004

DARBY & DARBY P.C.
P.O. Box 5257
New York, New York 10150-5257
(212) 527-7770



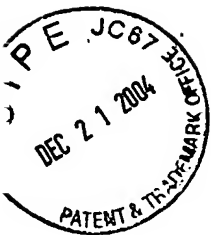
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FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/719,553
		Filing Date	November 20, 2003
		First Named Inventor	Hans-Henrik Ipsen
		Examiner Name	Not Yet Assigned
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	Not Yet Assigned
TOTAL AMOUNT OF PAYMENT		(\$)	2,500.00
		Attorney Docket No.	04305/100E144-US2

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account	Deposit Account Number: 04-0100
Deposit Account Name: _____	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
61		= 26	x 50.00	= 1,300.00			
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
9		= 6	x 200.00	= 1,200.00			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____	- 100 = _____	/50 _____ (round up to a whole number) x _____		= _____			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other: _____						_____	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	46,550
Name (Print/Type)	Mitchell Bernstein, Ph.D.	Telephone	(212) 527-7700
		Date	December 21, 2004



Docket No.: 04305/100E144-US2
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Hans-Henrik IPSEN, et al.

Application No.: 10/719,553

Art Unit: 1644

Filed: November 20, 2004

Examiner: P. Huynh

For: **RECOMBINANT ALLERGENS**

PRELIMINARY AMENDMENT

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Prior to examination, please enter this Preliminary Amendment in the above-identified application.

Amendments to the Claims are found in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 13 of this paper.